

VZCZCXRO0419
OO RUEHDT
DE RUEHDT #0216/01 2410924
ZNR UUUUU ZZH
O 280924Z AUG 08
FM AMEMBASSY DILI
TO RUEHC/SECSTATE WASHDC IMMEDIATE 4073
INFO RUCNDT/USMISSION USUN NEW YORK IMMEDIATE 1083
RUEHDT/AMEMBASSY DILI 3537

UNCLAS SECTION 01 OF 02 DILI 000216

SIPDIS

STATE FOR PRM AND IO

E.O. 12958: N/A

TAGS: [PREF](#) [SOCI](#) [TT](#)

SUBJECT: MISSION DILI COMMENTS ON UNFPA CPD FOR TIMOR-LESTE

REF: STATE 88698

¶1. In response to reftel, US Mission Dili offers the following comments on UNFPA's Country Program Document for Timor-Leste for 2009-13.

¶2. General: In general, the proposed Country Program Document (CPD) is analytical, well written and reality/evidence based. The document aptly incorporates lessons learned from past technical approaches, as well as programmatic experiences. The overall program goal appears to be achievable and certainly contributes to the Government's plan to reduce poverty and accomplish the benchmarks set forth in the MDG/Millennium Development Goals.

In the area of Population and Reproductive Health, the CPD correlates well with the GoTL Basic (Health) Service Package recently being implemented throughout the country. Additionally, the proposed Reproductive Health component is congruent with the USG Strategic Objective of addressing the health needs of the Timorese people, especially children and woman at greater risk.

In light of the Kemp-Kasten Amendment, nowhere in this Country Program Document does UNFPA suggest their participation in the management of a program of coercive abortion and/or involuntary sterilization. Abortion as a method of family planning is illegal in Timor-Leste.

¶3. Some general comments about the CPD follow:

-- UNFPA In Its Timor-Leste Context: UNFPA has a long-standing and strong reputation in Timor -Leste. From 1999- 2002 UNFPA and other UN Agencies functioned as a surrogate "Ministry of Health" and helped to re-establish the totally destroyed basic health infrastructure. UNFPA has also assisted the GoTL in establishing sound health policies, specifically in the area(s) of Reproductive Health, Population and Gender Equity. Because of their assistance, Reproductive Health and Family Planning commodities can be found in practically all health facilities across the country.

Timor-Leste's National Family Planning Policy reflects the consensus reached at the International Conference on Population and Development (ICPD) held in Cairo in 1994 and; the Key Actions for the Further Implementation of the ICPD Program of Action adopted by the twenty-first special session of the United Nations General Assembly in New York from June 30-July 2, 1999.

-- Lessons Learned:

Human resources: The lack of qualified human resources was a key constraint identified in previously implemented UNFPA programs. The development of human and institutional capacities at all levels will be critical for managing the next program and ensuring the attainment of national development goals

Youth: Youth needs in the areas of reproductive health, education, employment and empowerment were identified as crucial

for the country's stability and development. USAID concurs with UNFPA's assessment in the area of youth

14. Program Component:

Reproductive Health: The proposed program component, as stated, supports the country's Basic (health) Services Package.

Additionally, the proposed Reproductive Health component is congruent with the USG Strategic Objective of addressing the health needs of the Timorese people, especially children and woman at greater risk.

Challenge 1: Midwifery School - The program proposes to establish a Midwifery school for the purpose of increasing the number of skilled birth attendants; a formidable approach which can help reduce infant and maternal mortality rates -especially in rural areas. However, there is no mention of the more than 1,000 Timorese doctors on Cuban-sponsored scholarships who will soon graduate from Cuban and Timorese universities. According to the Cuban curriculum (a system which does not utilize midwives), the function of these doctors is to assist in deliveries. Thus, UNFPA may want to consider (and explain more) how output 1.d (establishment of midwifery school) would add value and not contribute to the duplication of services. The country currently has around 350 midwives and 250 Cuban doctors working in the Primary Health Care.

Challenge 2: Community mobilization and participation - Involving the local community and residents in health care services is paramount to the success of this component. Currently, birth by skilled birth attendant is only 24%-- although the country has approximately 500 skilled birth

DILI 00000216 002 OF 002

attendants working at the Primary Health Care. Without activities to increase community mobilization and participation, demand for quality services will continue to be low.

Challenge 3: Health workers performance: Staffing analysis suggests that motivation of health workers in general, and midwives in particular, is extremely low. According to project assessments, this is due to a lack of a performance-base work objectives and a lack of monitoring and evaluation by the District Health Management Team. UNFPA will need to ensure that health care providers have clearly defined job descriptions that health workers are adequately compensation for extra-work. Addressing these urgent issues is crucial to increase demand for, and access to, high-quality maternal health services.

Challenge 4: Concerted public education for FP - UNFPA will need to encourage support and advocacy from key institutions for the delivery of Family Planning messages. One approach could be for UNFPA to work with the Government of Timor-Leste, the private sector and Catholic Church, in developing and conducting public education campaigns highlighting the benefits of family planning.

15. Population and Development:

Many of the outputs, listed in the program component will contribute to the development of the Timor Leste. Some thoughts:

The next Demographic and Health Survey and Population and Housing Census can be used as a measure of progress/success, as well as identify areas for improvement.

The ability of key institutions to analyze and effectively use data for decision making is extremely low. At the sub-national level this capacity is virtually non-existent. In 2009, the government intends to implement decentralization strategies for planning, budgeting, and monitoring. In order for this approach to be successfully, building capacity on the sub-national level and strengthening institutions is a must. UNFPA may want to

address in greater detail how the country strategy plans to build capacity at the sub-national level.

Challenge: Data utilization/demand is extremely low. As current trends shows (e.g. the recent state budget design), planners tends to design programmes based only on supply of resources, and not based on policy and the use of data to make decisions.

KLEMM